

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIV. WEDNESDAY, MARCH 11, 1846.

No. 6.

PRACTICAL MIDWIFERY—APOPLEXY OF THE PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If you find that the following observations, collected while attending the clinique of M. Paul Dubois (the far-famed accoucheur), offer sufficient interest and value to obtain an insertion in the Boston Medical and Surgical Journal, they are at your disposal. I am inclined to think that there is much that is new in them—and M. Dubois considered the facts so valuable that he devoted two entire lectures and a great portion of a third to the subject. His clinical lectures and visits are among the best-conducted and most valuable in Paris, and he himself, a man admirable in all respects; his manner towards his patients is kind and gentle in the extreme, and his treatment of the students who throng his wards is most gentlemanly and considerate, every advantage being given, not only to French students, but likewise to foreigners who are quite numerous. It was only this morning that he remarked, at the close of his lecture, that it pleased him much to see strangers at the clinique. In regard to the examination of the women in a state of pregnancy, per vaginam, &c., the French students have the precedence of foreigners (as is quite just), but the latter are allowed an equal opportunity for these examinations. In many other respects the advantages for foreigners are greatly curtailed in Paris, since the year 1842. At that time everything was free and open; but now, the very worthy "Doyen de la Faculté, M. Orfila," has closed the Ecole Pratique to foreigners, as far as dissections are concerned; and what is still more to be lamented, the numerous and valuable private courses formerly given, without restraint, by the "internes" in the various hospitals, are now legally and authoritatively suppressed; and when obtained, it is by stealth, lest discovery of the heinous deed should bring down the wrath of the administration. It was only a fortnight since that the Chef de Clinique of M. Louis, told me, it might cost him his situation, to say the least, were it known that he gave courses in auscultation. Apropos of M. Louis—he is now at Hotel Dieu, and has been since the first of January—having been previously for a long while at L'Hôpital Beaujon.

In the course of time, I apprehend that the hitherto boasted advantages (and justly vaunted too) of Paris, for strangers in pursuit of medical knowledge, will be most wofully diminished—so much so, that I doubt not the great influx of students will gradually cease; or rather, the tide

will flow in another direction, and not unlikely towards Germany. The hospitals, to be sure, are always accessible, but the private courses there given were of such immense advantage, that I do not think I err when I state that three fourths of the profit in attending them (*for a foreigner whose stay in Paris is limited*) is lost.

I did not intend to have so far extended this introductory note—and, premising that doubtless, in translating from my notes of M. Dubois's lectures, I may have made some omissions or committed some errors, I still hope that in the main the following observations are such as he gave them.

I am very respectfully yours, &c.

Paris, January 28, 1846.

WM. WALLACE MORLAND.

*Peculiar Alteration of the Placenta; its effect on the Fœtal Life; its Cause; the requisite Treatment of the Mother, &c.*—M. Dubois commenced his first lecture upon this subject, by speaking of the vascular connection existent between the placenta and the uterus; the sinuous arterial vessels, of medium calibre, which spread themselves between the uterus and the placenta, and then plunge into the substance of the latter. These vessels are exceedingly fragile: moreover, he does not consider the internal uterine veins as terminating with open mouths on the inner surface of the organ, but thinks that they are continued into the substance of the placenta by prolongations with very thin walls, for a short distance. If the placenta be plunged into water and slightly agitated, the remnants of this vascular apparatus are perceived floating. The peculiar alteration of the placenta about to be noticed, is styled, by M. Dubois, "apoplexy of the placenta," and in many points is analogous to that of the lung. The organ presents a greater or less number of effusions into its proper texture, at various stages; some are evidently of ancient date, and from these downward to the most recent effusions in gradation. The simple effusions are found in general near one of the two surfaces of the placenta (fœtal or uterine); in those near the uterine surface, the coloring matter of the blood is usually found to be absorbed, and a hard, white, solid tissue remains, *wrongly* deemed by some observers to be *scirrhus* of the placenta. The above alteration is not always found *at the surface* of the organ, but may exist *between* two healthy layers of placental texture. M. Dubois made an artificial arrangement of the *layers* in the placenta, in order better to explain the usual position of the apoplectic effusions. When these occur near the fœtal surface of the placenta, the vessels ruptured are of various calibre, but most often *small*, their branches being often utterly invisible—and when well seen, existent in the substance of the placenta and extremely near the membranes. An effusion, considerable in quantity, may push aside the membranes to some extent, and in such cases has been known to manifest itself by flowing from the vagina; this, however, is rare. The effusions which are less in degree, cause a prominence at the surface of the organ, circumscribed and distinct; of a red color, more or less marked. Those seen by M. Dubois have varied in size, from that of a common walnut to the English walnut. Occasionally they exist in great number upon the fœtal surface

of the placenta, and cause an appearance as of varicose veins, with occasionally one of large size, prominent among the rest. Often, likewise, the coloring matter of the effused blood being absorbed, the fibrinous mass remains; in this case the double fold of the membranes may be dilated by a certain quantity of liquid, and the fibrinous mass rest at the bottom. These fibrinous masses have been mistaken sometimes for a second *fœtus*, of retarded, or rather, *arrested* development.

There occurred a case of this description which was actually *DELINEATED* as being a *fœtus* of the above nature, and, as usual, the copy was made much *more striking* than the original. But, alas for the beautiful arrangement! M. Dubois, when the *piece* was shown to him, expressed his doubts, and on careful inspection *proved* to the chagrined presenter the falsity of his supposition.

Next to the effusions upon the surfaces of the placenta, come those which are detected in the more *internal* portion; that is to say, between two layers of tissue perfectly healthy. These, like the former, vary in number and size, which latter may be stated to be nearly the same as for the effusions on the surface. He considers that these effusions are not *simultaneous*, the proof being, that by the side of the hard, semi-cartilaginous masses formed by the absorption of the coloring matter of the blood and by a duration of considerable length (these masses existing in this variety of effusion, as well as in the former), there are observed some containing only blood in its *fluid* state, and others in a state of *gradation* from this to the hard mass. In the interior of these apoplectic cavities a membrane is formed, which contains and circumscribes the effused blood. When the effusion is somewhat more superficial in its location than the last spoken of, and approaches the internal surface of the uterus, it raises up before it in a marked manner the intervening layer of the placenta, sometimes to such an extent as to rupture this layer, although most commonly it only renders it thin. When entirely ruptured, not only is the placental tissue destroyed by the effusion, but the utero-placental vessels; arterial and venous, likewise, thus becoming an additional cause of effusion and increasing much its quantity, sometimes even to such an extent as to cause *external* hemorrhage. The *internal* bleeding and consequent displacement (*decollement du placenta*) of the placenta is often great—and that organ is forced by the flow of blood into a *cup-like* form, and this is filled with the effusion in proportion as this latter advances.

As to the *precise seat* of the primitive lesion, the *starting point*, M. Dubois thinks that in each variety (*viz.*, 1. The superficial effusion near the membranes; 2. At a *slightly* increased depth; 3. In the substance of the placenta and hidden or covered by two layers of healthy tissue; and, 4. *Superficial*, near the *uterine* surface) the *fatal* vascular apparatus is the one in fault; with the *latter* variety, however, some *internal* hemorrhage may be combined. M. Dubois expressed himself *vaguely* (and acknowledged it himself) in speaking of the *cause* of this condition in the *foetal* vascular apparatus: it was something, he remarked, in the primitive organization of the product of conception ("*organisation primitive de l'œuf*"). These effusions were always the result of a state of *congestion*,

and he thinks the maternal organization is always congested when that of the fœtus is so.

I do not conceive why the vascular organization of one fœtus should be more liable to congestion than another; can anything in its construction cause it, except a peculiar disposition, form or interlacing of the vessels? And why should not the vascular system of the *mother* have a great effect upon that of the fœtus, especially as it is admitted to be congested at the same time?

This alteration of the placenta, which, as one would naturally suppose, has a powerfully disastrous effect upon the fœtal life, has been thought ascribable, by some, to the effects of constitutional syphilis. In this opinion M. Dubois does not agree. The effusions and alterations in the placental structure have an effect upon the functions of the organ, analogous to that of similar lesions in the lungs. The death of the fœtus in utero from this cause is much more frequent than has been supposed. The more extensive the lesions of the placenta, the more, of course, its functions are disordered—and the more, also, is the disturbance of the fœtal life manifest, up to a degree which induces its suspension. When very extended, the lesions produce, as it were, a sudden *destruction* of the placenta, as a *healthy* organ; most commonly, however, the effusions are *not* so extended, and in this case there is only *languishing* of the fœtal life; the *motions* of the infant are diminished in force and frequency; the mother herself instantly perceives this. If the effusions into the placenta increase, the diminution of muscular action in frequency and vigor is more and more marked. It is not *absolutely sure* that the fœtus has ceased to live when its movements are found to be *wholly suspended*. M. Dubois has seen, in this case, premature contractions of the uterus expel a *living* child; but *this* is rare. In most cases the mother experiences, during the course of these accidents, a peculiar feeling of uneasiness (“*malaise*”), perhaps owing to the state of congestion of the parts concerned, and there are partial contractions of the uterus perceived by her (“*reserremens de l’utérus*”), which commence at the same time with the production of the accidents mentioned (“*à partir du moment quand les accidents commencent*”). The cases of this sort are in their nature grave and troublesome to manage, causing much grief to the mother, especially upon the repetition of the same occurrences in many successive pregnancies, which take place with a wonderful and lamentable pertinacity, which nothing seems able successfully to combat. M. Dubois has known a like repetition of these same lesions four and five times in succession, and showed us the placenta of the last labor, which was filled with apoplectic collections—the child stillborn. There was, a few days before these lectures were delivered, a woman at the Lying-in Hospital, in precisely similar circumstances as regards the state of the placenta; she was delivered of a dead child—and M. Dubois says he doubts not that the same thing will occur should she again become pregnant. He spoke, likewise, of a lady, the wife of a celebrated artist in Paris, who had lost three children from the same cause (“*apoplexie placentaire*”) who, in her anxiety to have a living child, submitted to all the



requisitions of his treatment most willingly, and followed them with the greatest exactitude, but without success. The same accidents supervened in each of the three pregnancies at the *same period in each*—a thing which he has observed to be *quite constant*. This period varies in different women. He mentioned the above facts, and insisted on the extreme tenacity of reproduction manifested by the disease, in order to show the exceeding great difficulty of the *treatment*, and its consequent ill success in *most instances*. With regard to the repetition of these lesions in successive pregnancies, he could not express himself more strongly—he says, “Je ne connais pas un accident que se reproduit avec tant de persistance.”

**TREATMENT.**—Going back to his statement that “some particular construction of the product of conception, or of the vessels which establish the connection between the uterus and placenta, gives rise to a congested condition of the organ,” he founds the first proposition of his treatment upon that statement, 1. We must diminish the congestion (or modify the circulation) by acting upon the maternal or uterine system. He commences by enjoining the horizontal position to be *strictly preserved*. There is no cause so efficacious in producing and prolonging a congested state of the organs concerned, as the *vertical position*. Notwithstanding that this is strikingly true, he stated that he had met often with well-educated physicians who *opposed* the adoption of the *horizontal position*. He here gave rather a sharp cut at the idea which females principally, but sometimes physicians also, have, that a *great deal of exercise* is absolutely *necessary* during pregnancy. To say nothing more, in cases like those under consideration, nothing can be worse. He added, in reference to the horizontal position, “Je l'appelle une chose capitale.”

2. A diet *somewhat* restricted.

3. Complete freedom of the bowels, obtained by emollient injections and mild laxatives, in order *completely* to avoid any pressure of fecal matter upon the pelvic vessels, which might cause congestion in the neighboring organs.

4. *Entire* absence of conjugal connection; the accompanying excitement would seriously augment any existent congestion. A celebrated French midwife, Madame La Chappelle, has remarked that sexual intercourse is an *exceedingly* frequent cause of abortion. This being true, it is easy to see, likewise, its bearing and influence in the cases under consideration.

5. *Bleeding*.—Derivation should be the design in bleeding a patient, affected with the disease in question. Two or three ounces should be taken at a time, at periods preceding (a very short time) the usual menstrual term. Women usually feel a *certain uneasiness* just before the menstrual flow, and it is at this moment that the congestion of the organs, which always accompanies the function, commences; this, then, would be a proper time for a derivative bleeding. Sometimes, this uneasiness exists *after the subsidence* of the menstrual flux; and in such cases M. Dubois has bled patients with advantage. This latter occurrence is, however, rare; when it does occur, the uneasy sensation may be greater,

even than that existent previously to the flow, and sometimes simulate the pains felt upon the expulsion of clots after delivery ("coliques des femmes en couche").

6. In the great majority of cases, the women in whom this affection of the placenta exists, are feeble, anæmic and affected with chlorosis or an approach to it. Persons who have, thus, a thin, impoverished blood, are more exposed than others to *partial* congestions, the blood not being well distributed; hence arises an important indication, viz., to enrich the blood and strengthen the individual. Preparations of iron. ("Donnez les ferrugineux.") M. Dubois deems it a great error to abstain from the use of these medicines in such cases, from the fear of provoking uterine hæmorrhage; he does not consider these preparations as emmenagogues *per se*, but *secondarily*, by establishing the system and thus regulating the functions.

7. *General Baths.*—Physicians are apt to think that baths provoke generally the menstrual evacuation, and thus may suppose that the use of them in cases of placental apoplexy would be injurious by increasing the congestion of the vessels. M. Dubois has often employed them, and has never seen any bad results from them; he thinks them useful.

8. When the contractions (reserements) of the uterus which supervene are neglected, they become, from being *painless*, quite *painful*. Injections of laudanum, ten drops at a time, may then be given, repeating every half hour. In this way he has exhibited large quantities in a short time—one hundred drops, for instance, in four hours. Taken by the mouth, laudanum is apt in these cases to excite vomiting, which would be injurious by causing the uterus to contract still more. The exhibition of the remedy should be watched with regard to its effects, by a capable person, and continued or suspended accordingly.

*Period at which the Treatment should be commenced.*—This is variable, and must be determined by the time when the accidents make themselves evident. If they have occurred *early* in a previous pregnancy, the treatment should be commenced early in a succeeding one; for instance, if at the *fourth* month, begin the treatment fifteen days before that epoch. The period of commencing lesions may be diagnosed, as has been above stated, by diminution in the frequency and force of motion in the infant, arriving sometimes to a degree, which may be styled temporary suspension, the intervals varying ("suspension temporaire"). When these circumstances are perceived, it is absolutely necessary to interfere at an earlier period; it would hardly be justifiable to subject the mother to a treatment which, to say the least, requires much patience on her part. The treatment should be invariably commenced by the horizontal position and complete rest.

How long should the treatment be continued? M. Dubois thinks for a month or six weeks, dating from the commencement of the manifestation of the accidents. The means of treatment should be dispensed with *gradually*; the horizontal position not left too suddenly, but by degrees, &c. He does not deem it necessary that the treatment should be continued to the end of the pregnancy. This treatment *has* succeeded in his hands,

but very often, also, has failed, as was remarked above—particularly in the case of the artist's wife, and likewise in instances at the Hospital de La Maternité.

# REPLY TO DR. HOLT'S "REVIEW" OF REMARKS ON HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

"How I have treated it, I do not know—  
Perhaps no better than they have treated me  
Who have imputed such designs as show,  
Not what they saw, but what they wish'd to see;  
But if it gives them pleasure, be it so,—  
This is a liberal age, and thoughts are free."

I LIKE the "spirit" manifested in the "Review" of an article on homœopathy lately published in the Journal; indeed, its generous tone has disappointed me, being directly opposite to the disposition generally shown on such occasions by the converts of Hahnemann. Free expression upon the subject, "stirs up the deep pool of envy, hatred and wrath," in the advocates of this new system of practice, and in this way they avoid fair argument, and bear but one side of the question. Not so with Dr. Holt; and I am right glad to find one of the sect come out in "open day," bearing his *own* "ensign to the breeze." This is more honorable than "slander," or the malicious assaults of "One of the Profession," whom I should dread to meet at midnight—ay, or at noon-day; I would rather far be *crushed* beneath the anaconda's stroke, that noble snake, than *touch* the tooth of such a filthy *reptile* as strikes me unawares.

In his (Dr. H.'s) review of my paper, he has won no laurels for homœopathy. He has not *proved* that medicines *do* induce an artificial disease, like the natural one; that the organism only remains under the influence of this medicinal disease; that *this* is of *short duration*; and that all these effects can only be produced by a medicine capable of inducing similar symptoms. He has made some *assertions*, but *cui bono*? We want the *evidence*. He passes over the "shakes," and the analysis of homœopathic medicines, "without a scratch"; but *skips* along, admitting uterine hemorrhages, incarcerated hernias, &c., are bad things to handle; says something about shingle nails in the stomach, and then accuses us of acknowledging the value of his doctrine in neuralgia, scarlatina, &c. For my own part, I should have as much confidence in the value of homœopathic medicines, in removing a pound of "nails" from the stomach, as of their power in the disorders mentioned. If we have ever expressed a different opinion, will Dr. H. be kind, and furnish the *proof*; we want the *evidence*; *truth* is the mountain of our strength, and without facts we shall not be satisfied.

I think Dr. H. has one fault (most men have more than one), that is, he finds his opponents so ignorant; they have read so little; their knowledge is gained from bad sources, &c. If I am not mistaken, W., the writer of a letter on homœopathy, was "charitably" excused for his ignorance!

If Dr. H. had known the man of whom he was speaking, would he have accused him of "ignorance?" We laugh at the charge; I am sure we need not weep, for to call this patriarch of medicine (as he has been aptly styled), *ignorant*, is but to incur the ridicule of the public.

"Night after night, for years,  
He hath pursued long vigils \* \* \* without a witness."

What W. would call reading *little*, some men would swell into volumes of enormous size—ay, it would *educate* some, to understand *this little*. With regard to my own reading, it ill becomes me to speak. Suffice it to say, it has taught me that modern practitioners of homœopathy quote their great master (Hahnemann) for their *special* convenience; frequently rejecting him, but quite as often, forgetting the "*non-essential*" and the "*absurd*" things which, they admit, he has said, they "tack ship" and make him their great lawgiver *non obstante*. Again, I have "read" in their own books that cathartics, emetics and blisters are *sometimes* useful; that dry cupping in congestion of the blood will do good; that blood-letting can be resorted to on homœopathic principles! To the *old school* this looks a little like using the "stronger powers in the hour of danger"; and some of the *new school* say that "Homœopathy appears to be merging rapidly into blind, headlong allopathy, &c." The "mechanical" and chemical methods mentioned by Dr. H. are, or *may be*, properly termed homœopathic accommodators; they will always act with certainty and success.

Dr. H. believes that if I would use doses properly prepared, and did not interfere, &c., I could do great things with little means. If he has reference to homœopathic preparations, I must inform him that I have used them (though I blush to make the confession to my brethren), and the result of the practice was far from being satisfactory. "By testing it," I became convinced that it is a silly business, and in speaking of it I am not influenced or bound in any way; I only give my honest opinion, and shall change that opinion when I find it is an erroneous one. Dr. H. admits that large and small doses of aconite produce perspiration and relieve fever; he admits "this is all true," to what end I know not. I was aware that two or three grains of aconite, or ten or twenty drops of the tincture, would do these things, but that the 2000th potence would do the same, even if properly prepared, I dare not credit, though the assertion is made by one recently from "the land of steady habits." Dr. H. has said nothing on this point that contravenes any statement that I have made heretofore upon it, and for this reason I will drop the topic till I have occasion to resume it.

Dr. H. says, "There was more bitter hostility manifested against Dr. Boylston, in Boston, for advocating inoculation, a century ago, than there ever has been against homœopathy." I suppose by this he intends to show that there is strong analogy in the two cases, the discovery of inoculation and homœopathy; but I am not able to see any similarity—the first being a *rational* manner of communicating a disease, *every case* showing its propriety and safety; while the second is an hypothesis, the recuperative powers being mistaken for the influence of what *Hahnemann*

styles "spiritual essence," or, to be understood, the spiritual workings of remedies.

Perkinsism was approved by the Faculty of Copenhagen, and its institutions were formed in England and other countries for the resort of invalids. Bostock says, "except the renewal of lost parts, or the change of mechanical structure, nothing seemed beyond their power to accomplish." Another informs us that, "Obstinate pains of the limbs were suddenly cured. Joints that had long been immovable were restored to motion." And yet the tractors made of wood, with "assumed pomp," were as potent as the *metallic tractors*!

In Perkinsism I think I have found a parallel to homœopathy. The *first* is only remembered as a curious fact, illustrating the weakness of humanity; but the *latter* is at its meridian splendor, and I am willing to leave it for "time" to decide which has been the greatest "humbug." Time will show their analogy; it will develop the mysteries, the "spiritual essences" of the one, as it has done of the other. My "homœopathic brethren will not interrupt him"; he will "keep" himself "on the track" without a monitor.

Is hydropathy an hypothesis (or "humbug"), does it appear like "quackery," or is it a true science? Notwithstanding the wonderful cures done by it, and the respectable testimony given in its favor, I think it resembles *Perkinsism* and *homœopathy*. Can the learned Dr. H. see their analogy? If he can, he may draw from the subject some important lessons. I leave him to his own reflections, and for the present bid him an affectionate farewell.

J. P. LEONARD.

*Lime Rock, R. I., Feb. 23d, 1846.*

#### OBSTETRIC PRACTICE—OPIUM IN UTERINE HÆMORRHAGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In reading the February No. of the London Lancet, I notice the report of a case of obstetric practice, entitled "hemorrhage before and after delivery; total cessation of the labor pains after the expulsion of the head, &c., by J. F. M'Veugh, Esq." I wish, through your Journal, to make a few remarks on that case, showing the common practice in this vicinity in such cases, and the means we should have used to overcome the difficulties that presented themselves. "The uterine contractions were irregular and feeble; the membranes had ruptured a few hours previous, and a pretty copious shedding had since continued." In about twenty minutes after this, the head was expelled, and all uterine action ceased. After waiting about half an hour in vain for the spontaneous action of the uterus, the surgeon commences the extraction of the child, and removes it. Its removal was followed by "a copious discharge of coagula and fluid blood, to the amount at least of three pints." Now what would an American practitioner do in a like case? the pains feeble, head of the child expelled, uterine action having ceased. Why he would give the woman twenty or thirty grains

of ergot, and wait a few moments for the pains, and if they did not occur in a reasonable time, he would commence slowly the extraction of the child, and by that means almost assuredly save the woman her three pints of blood to recruit her strength upon. But the surgeon in this case, having separated the child, directs his efforts to restrain the flooding, "which set in alarmingly," administers two large doses of opium, and finds, by grasping the uterus and friction, that he does not succeed; finally introduces his hand into the uterus, and very properly separates the placenta and extracts it; which did not cause the uterus to contract, until he had externally applied cold water, and given another dose of opium. All the above means were very good, provided he had tried, in the first instance, the very simple method of giving a large dose of ergot, which would probably have saved the woman a great deal of pain, and the loss of much blood.

My chief object, however, in commenting upon this case, is to give my own impression of the effects of opium in controlling uterine hemorrhage. The author of the report of the above case says, "the effect of opium on the muscular tissues is to cause a relaxation of them sooner or later"; and "we must not attribute any power to opium in being able to arrest hemorrhage from the uterus by any specific action on that viscus." Opium acts, in his opinion, by controlling the general circulation, thereby allowing coagulation to take place in the uterine sinuses." Now I have observed that the uterus has a tendency, when emptied, and more especially when its contents are suddenly expelled, to contract unequally; and also, that when ergot has been given, I was more apt to have an unequal or spasmodic contraction of the uterus, than when it was permitted to contract by its own natural efforts. I have likewise noticed, that hemorrhage more frequently occurred, when the uterus was affected spasmodically, than when the contraction was equal over its whole surface. Now if you give an opiate to prevent or remove all spasms from the muscular fibres of the uterus, you at the same time prevent hemorrhage; and, in accordance with these views, when I give ergot to prevent hemorrhage after the expulsion of the child, I always give opium with it to prevent spasm. I also give opium after the delivery, if I give ergot to expel the child; considering, that the great benefit of opium in uterine hemorrhage arises from its removing the tendency of the muscular fibres of the uterus to spasmodic action, and quieting the nerves of the whole system.

*Quincy, Mass., March, 1846.*

EBENEZER WOODWARD.

---

#### LIVING LECTURERS IN PHILADELPHIA.

[UNDER date of January 27th, a correspondent of the Boston Atlas communicates a graphic picture of some of the living medical lecturers of Philadelphia. It is, with some omissions, transferred to our pages, as it was evidently written by some one well qualified to speak of the distinguished men in question.]

I hardly know how I can interest you more than by giving some little



description of the gentlemen filling the professors' chairs of the medical department of the University of Pennsylvania.

Should you go to the College at 9 o'clock in the morning, you would probably find yourself in a large lecture room, the seats of which ascend gradually from a stage surrounded by a balustrade, and in the midst of which is a desk, neatly trimmed with green drapery. The seats are all filled, and there are many gathered around the door of the room—for one of the most popular of the lecturers is soon to commence. The doors immediately back of the lecturer's desk now open—and, as a small, thin man, with sharp features, twinkling gray eyes—nervous and brilliant—and with long, straight, iron-gray hair, enters, smiling and bowing, the canes rattle upon the floor like mad. Laying a small strip of paper upon the desk in front of him, Dr. Jackson commences his lecture upon the Institutes of Medicine. As he goes on, in a most impassioned and eloquent manner, giving most apt and happy illustrations to his arguments, which are energetic and conclusive; and, as he leads his audience through the minute cells of the human system, describing the various functions of its various parts, and the physiological phenomena presented by living beings, there is a death-like stillness in the lecture room, which his voice alone breaks, or an occasional and involuntary burst of applause—followed by long sighs and full breathings, which have been suspended by the anxious listeners, as they followed the speaker through some of his eloquent and elegant passages. Dr. Jackson is quite an original thinker, and a man of much more than an ordinary intellect—and, besides these native powers, he has been a close student, and is perfectly at home in his department. As soon as his hour is passed, which has been but too short, the Janitor rings his bell—and he, by the way, is none other than a *Benjamin West*—when all jump, and then rush for the amphitheatre, which is immense. Here, seated in large circles, are the half thousand aspirants for M.D.'s, with their hats upon their heads, which remain there during the lectures. This custom prevails, in part, I presume, from the influence of Quakerism, and in part from necessity.

Soon, a man of 55 or 60 years of age, with a full, pleasant countenance, blue eyes, a handsome aquiline nose, and grey hair—of a fine and powerful frame, dressed in a black frock coat, buttoned snugly over a crimson-velvet vest, and drab pants—walks, with a quick and elastic step, into the area, at the foot of the seats, and stands in an easy and surgeon-like attitude, acknowledging the compliments the noisy canes pay him. In a rapid, bold, and pleasing style, never disconcerted by noise or disturbance in the room, Dr. Gibson, without notes, and without the least hesitation, discourses on the principles of surgery, until the Janitor shakes his bell again, at 11 o'clock.

Then there is another instantaneous jumping, pushing, rushing, tumbling scene; and, as if the amphitheatre had been under the influence of some powerful emetic, it is almost instantaneously evacuated (pardon the professional figure), and the first-mentioned room is again filled.

Dr. Gibson stands high, not only as a lecturer, but also as an intrepid and successful surgeon, and possesses that immobility of mind, so necessary to the emergencies of an operating surgeon's life.

Gathered once more in the first-described room, we must wait five or ten minutes, when an old gentleman of about 75 years of age, with rather a large earthly tabernacle, grey, almost white hair, a large Roman nose, heavy, coarse features and grey eyes, enters the door upon the stage, bearing his lecture folio in his hands. Now the room, and almost the welkin, rings with the rattling of canes. The old man walks from one side of the stage to the other, while the applause continues, bowing to his audience. This old gentleman is Dr. Chapman, distinguished in days past as a scientific man, and a highly successful practitioner, and extensively known as a voluminous medical writer. His sun, however, is sinking. Like most old men, he is very tenacious of his opinions, and is very free to assert and maintain them. The doctor has been no less renowned as a punster and wag, than as a medical writer; and, as he has an impediment in his speech, his anecdotes and puns have a peculiar zest, being spoken in a decidedly nasal twang, as he has no hard palate to his mouth. He is, in the true sense of the term, a *fine old gentleman*, has been a free liver, and for many years a lecturer in the University of Pennsylvania; or, as he himself says, he "has lectured there, God knows how long." Having passed an hour with Dr. Chapman, convulsed occasionally with laughter by his sallies of wit, the bell again strikes; another rush, and Dr. Hare's immense laboratory is filled. Soon, the old man walks into the room with a black velvet smoking cap upon his head, and paces back and forth in a most indifferent manner, until the applause which welcomes him has ceased, for it is highly disagreeable to him. Dr. Hare is a man upwards of 70 years of age, very plain in his personal appearance, rather short and robust in his figure, with a very large head, thickly covered with gray hair. He has coarse features, and a large face, marked by scars, which he has received by the accidental explosions of some of his apparatus, during philosophical researches. In his manipulations in the lecture room he is exceedingly awkward, and depends chiefly upon an assistant to exhibit the experiments, in connection with his lectures; as a speaker, his style is dull and heavy, and, to one listening to chemical lectures for the first time, it must be very obscure. Occasionally, he introduces some anecdote or cutting remark, to add interest to his lecture, or as a means of administering reproof for any disturbance or misdemeanor in the lecture room. One, which occurred a few days since, is in illustration of this point.

He was extracting a piston from a cylinder, which, on being drawn out, popped like a drawn cork—and, upon repeating the experiment, some one of the class made a similar noise with his mouth; whereupon Dr. Hare, turning to him, remarked, in a most scornful manner, that he presumed the young man's head, who made the noise, was as empty as the bottle he would represent. Another day, being excessively annoyed by the rattling of canes, he observed, that there was no faculty of his mind so powerful as that of association, and then related the following anecdote: "I once owned, young gentlemen, a beautiful and sagacious dog, which invariably made my bed his lounging place. For this, I repeatedly whipped him. In a short time, though he made my room his

quarters, I never knew of his presence there, but by hearing him rap his tail upon the floor, *under my bed*. Of that dog I am constantly reminded when I enter this room." The intimation that the applauders were puppies, quieted their boisterous canes for a while. Such is the celebrated philosopher, the American chemist, Dr. Hare. He is bold and persevering in asserting and maintaining his claim, both to the origin of many ideas, and the invention of much chemical apparatus, as well as to the honor of many discoveries in the science. He is a very absent-minded man, and consequently perfectly independent in his thoughts and manners.

At 12 o'clock the amphitheatre is again filled, and near a table, loaded with anatomical preparations, of the most perfect kind, both recent and dried, stands Dr. Horner, the lecturer on anatomy. He is about 55 years of age, quite plain in his appearance, but younger looking than he really is, as he wears a wig which alters his physiognomy quite materially. Though not a man of more than ordinary intellect, he has, by indomitable perseverance, risen from quite a low station, to be one of the first lecturers, the first anatomist and microscopical observer in this country. When a young man, he was an assistant to the lecturer who filled the chair he occupies at present. Like the celebrated John Hunter, he acquired a taste for the science, has completely mastered it, and has become an excellent demonstrator and lecturer. As a surgeon and physician, he has a high reputation and a large practice.

Should you attend the lectures in the afternoon, you would find yourself in the large amphitheatre; while in the area you would, every other day, see a fine-looking, finished gentleman, with a highly intellectual, pleasant countenance, standing under a bower of medicinal greenhouse plants, and trees, with the table, in front of him, covered with drugs and herbs—solutions and tinctures—extracts and decoctions. With a fine musical voice, in the most beautiful and apposite language, in a purely chaste and elegant manner, Dr. Wood, despite your contrary efforts or predilections, would make emetics and cathartics—bitters and nauseating mixtures, the most agreeable things in the world. I think, of all the numerous scientific lecturers I have had the good fortune to hear, that Dr. Wood bears off the palm.

The seventh and last one of the professors, is Dr. Hugh L. Hodge, who lectures upon alternate afternoons with Dr. Wood. Dr. Hodge is about 45 years of age, with brown hair, fair complexion, which bears evident marks of his labors, with a thoughtful and intellectual expression of countenance. His figure is small and spare—his voice weak, and rather unattractive. As a lecturer he is scientific and close—never indulging in jests or anecdotes, but goes right straight on with his subject. It is said he was never seen to smile, in the lecture room, under any circumstances whatever.

Connected with the University, as a lecturer upon chemical medicine, is a gentleman extensively known as a man of science, and as a writer upon pulmonary affections. I allude to Dr. Gerhard. He is a young man, perhaps 36 years of age, with quite an unprepossessing face. He is, nevertheless, a man abounding in eccentricities, as well as medical knowledge.

Such, then, is a hasty description of the professors of the medical department of the University of Pennsylvania—the men who stand at the head of the profession in America. They are talented, laborious and worthy ; all of them respected, at home and abroad.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 11, 1846.

*Value of Human Life.*—Appended to Mr. Secretary Palfrey's report to the Legislature of Massachusetts, on the registration of births, marriages and deaths, is a letter from Lemuel Shattuck, Esq., of Boston, that shows his eminent qualifications for conducting inquiries into these important statistical subjects. No man in New England writes so well or evinces such perfect familiarity with vital statistics.

"The impression seems to have become general," says Mr. Shattuck, "that human life is improving ; that it is longer and healthier now than formerly. This, however, needs confirmation, before it shall be asserted as truth. From investigations which have been made, I am inclined to think otherwise, especially in some places, and when the present time is compared with a period fifty years ago. We do not know, though we ought to know, how far our habits—the universal thirst for wealth in America, the reckless speculations of some, the hap-hazard mode of living and disregard to health of others, the luxury and extravagance of certain classes, and other practices of modern society—tend to check the progress of the population, increase disease, and weaken the race.

"The average duration of life, and the average age at death, vary according to different influences. We have not, as yet, a sufficient number of facts to illustrate these differences in America."

His views in regard to laws of registration, are thus beautifully expressed :—

"But we would not rest our reasons in favor of Registration on any pecuniary view of the subject. Man is not a mere producer—a mere machine. His life or death, his happiness or misery, are much too high objects upon which to place a pecuniary value. He is more nicely made, more wonderfully organized, requires to be guarded with more care from any influence that may surround him, to produce disorganization and unfit him for use, is capable of higher and more noble purposes, and has a higher and more noble destiny ; and in proportion as in each of these he exceeds a mere machine, in such proportion ought we to regard his intellectual and moral nature, and the means used to preserve and develop his physical powers to enable him best to accomplish the great purposes of his intellectual and moral existence.

"This is a matter of great magnitude. It deserves that full illustration which could only be derived from facts preserved and gathered from every part of the State. 'As there is a poverty that is self-inflicted, and may be self-removed,' says a late writer, 'so there is a certain amount of disease and annual mortality in every place that is self-inflicted ; and the

community that does not strive by every available means to reduce its disease and mortality bills to the lowest sum of human suffering, and the lowest rate of annual mortality, is as guilty of suicide as the individual who takes with his own hands the life God has given, and hurries unbidden into the presence of his Judge.'

"It may be asked, what can the Government do to arrest the hand of death? We do not suppose that an act of the Legislature can compel a child to live, or an adult to keep his energies in a healthy state of action. But it is as certain that human life may be prolonged by knowledge and care, as it is that an ox will fatten, a silk worm spin its thread, or a plant thrive, better, where knowledge and care are bestowed, than where they are not."

---

*Compendium of Lectures on Theory and Practice.*—N. D. Benedict, M.D., Physician to the Lying-in Department of the Philadelphia Hospital, with the permission of Dr. Chapman has prepared a volume from the professor's manuscripts, and, with that gentleman's approbation, published it. The author expresses himself as though he felt exceedingly thankful for the assistance rendered him in the execution of the compendium—and yet there is nothing in sight which could give him much difficulty in constructing the book—not a word of which, it is presumed, Dr. Benedict ever wrote, with the exception of four lines of dedication and a laudatory preface. Dr. Chapman is fully entitled to all the reputation he enjoys; but it cannot be possible that he is gratified with such an avalanche of praise as Dr. B. here brings forward. Either Dr. Benedict mistakes fulsome language for personal respect, or gross adulation for good sense.

We now come to the text—and there the true master is discoverable. A direct method is pursued of explaining the characteristics of disease; the phases; predisposing and exciting causes; diagnosis, prognosis, critical days; autopsic appearances, &c., especially in fevers, and in a manner to be exceedingly serviceable to practitioners. The essence of things is presented to the eye at once—which those who lead a life of incessant professional toil, of all men, know best how to estimate. A writer who has transmitted graphic sketches of some of the living medical teachers in the University of Pennsylvania, and which may be found in to-day's Journal, intimates that Dr. Chapman is a declining sun. We admit the fact, but insist upon it that he grows larger as he descends. This volume gives no indications of a waning intellect. No striking points of genius, however, are discoverable in any part of the *Compendium*; nor are there such arrangements of every-day matters in medicine as to astonish the student. On the whole, we regret that Dr. Chapman had not taken the laboring oar himself, instead of allowing any one to get a passage down to posterity on the back of his reputation. The charming volume which has been given to the world by Dr. Chapman, under his own talismanic name, and for which he was solely responsible, will be a brighter memorial of his acquirements as an American medical philosopher, than this *Compendium* of his lectures by Dr. Benedict.

---

*Gross's Liston's Surgery.*—In a short time after the appearance of a grand system of Pathological Anatomy, by Dr. S. D. Gross, of the Loui-

ville Medical Institute, we are directed to the examination of a carefully revised American edition of the Elements of Surgery, by Robert Liston, Esq., with notes and additions from the industrious pen of Dr. G. Mr. Liston's reputation has a wide range, and especially so in America. He is commented upon, simplified, and his views made clearer, by the judicious, practical observations and illustrations of one who speaks from authority, viz., from the results of his own extensive experience.

We can say nothing now of the new edition, further than this—that Dr. Gross has bestowed unwearied pains to adapt it to the present condition of things. It is modern in every respect, since it contains the latest improvements, and the very last discoveries, in the domain of operative surgery, both here and in Europe.

Messrs. Barrington & Haswell, who have a good reputation for their care in bringing out medical works, are the publishers. The diagrams and plates are accurately drawn, and serve well to explain the propositions of the editor. The volume is a portly octavo of 664 pages. In Boston, copies will be found at Ticknor & Co.'s.

---

*Dr. Cogswell's Address.*—At the graduation of those who were admitted to medical degrees at the close of the late lecture term in Yale College, Conn., Wm. H. Cogswell, M.D., one of the board of examiners, addressed the candidates, embracing those who were simply licensed to practise, in a plain and faithful manner. Those who are influenced by his sage advice, will rise to both usefulness and distinction. Some parts might be extracted to advantage; but we have not room at present.

---

*Baltimore Dental College.*—On the occasion of graduating a class of gentlemen who had been attending lectures at this active institution, Dr. Harris made a valedictory address, replete with affectionate good will for their future welfare, respectability and success. "A bad dentist," says the doctor, "is fit for nothing in this age. There is not a gap in creation of the right shape for him to fill, except it be the mouth of credulity, which is ever ready to swallow all kinds of absurdities. The time has well nigh arrived when men will not be able quit another occupation one day, and commence the practice of dental surgery the next." Such metamorphoses are quite common here in New England. Some who have not succeeded satisfactorily in mechanical pursuits, turn dentists with as much facility as they turn a coat-sleeve. And, stranger still, they rarely fail of securing both reputation and large fees.

---

*Consumption Prevented.*—Dr. Cornell, the author of a popular treatise on the mode of preventing pulmonary consumption, cannot be accused of idling away life. His steady devotion to the cause he has recently espoused, of disseminating the elements of medical science for the good of the people, is a rebuke to others who are qualified to labor in the same benevolent vineyard.

The treatise to which these remarks refer is a small 12mo, divided into two parts; the first containing three, and the second twelve chapters, replete with that kind of information which those predisposed to phthisis



ought to understand. He says, very candidly, that he has nothing new to offer; but his appropriate arrangement of old facts, gives both interest and importance to what he here presents on this sweeping desolation of New England.

Dr. Cornell goes upon the presumption that physicians have books enough on this subject, and he has therefore devised this for another class of readers. May success attend his benevolent exertions.

---

**North Western Journal.**—Proposals have been issued at Chicago, for the bi-monthly publication of a new journal of the medical and physical sciences, under the auspices of the North Western Academy of Laporte University, to be edited by Dr. M. L. Knapp. Accompanying the prospectus, a call is made upon the medical fraternity of the West, in strong terms—"Make a good first impression. Send fifty striking cases, of remarkable interest—triumphs of your art, drawn up in brief, *veni-vidi-vici* style, for the first No.!" Subscription, \$2 per annum, in advance—single copies 50 cents, and to appear in May and June next.

---

**Albany Medical College.**—Forty-two gentlemen were admitted to the degree of Doctor in Medicine in this College at the close of the term. One hundred and fifteen students attended the course of lectures. The vigor and usefulness of the institution are unimpaired, and fully meet the high hopes of its friends. Dr. March is an expert, skilful operator, who leaves no opportunity unimproved for benefiting a class with a sight of whatever is rare in his department. The reputation of T. Romeyn Beck, M.D., one of the authors of the great work on Medical Jurisprudence, who belongs to the Faculty of the College, is a pillar of strength of no ordinary character.

---

**New Tooth Instrument.**—Two weeks since, Dr. Smilie gave a description of a newly-invented instrument for extracting teeth, the result of his own mechanical ingenuity. His description, to our apprehension, fell far short of the object. To be appreciated, the instrument must be seen, and then its true principles and capabilities can be fully understood. The hook and fulcrum constitute a compound lever, operating curiously, to raise a tooth perpendicularly out of the socket. There is neither racking nor twisting in the operation, the great objection to all former contrivances. One striking peculiarity in this, is a bifurcation at the end of the bar where the hook is attached. A specimen, from the beautiful manufacturing establishment of Mr. Hunt, corner of Water and Washington sts., the depot of surgical cutlery, may be seen by calling on the editor. Dentists must have an interest in this ingeniously-constructed key, and they are solicited to investigate the claims of the inventor.

---

**Artificial Nipple.**—Dr. Elijah Pratt, of New York, has patented a curious little contrivance for enabling those mothers who suffer from inflamed nipples, to nurse their children with ease and comfort. A metallic cone fits tightly round the base of the inflamed organ, without touching it. Over the apex, where there is a delicate valve, is placed an elastic

artificial nipple. The milk flows freely, both for mother and child. It deserves the patronage of this class of suffering mothers. Mr. William Brown, a druggist of celebrity at the corner of Elliot and Washington sts., is the only person having the instrument on sale, in Boston.

---

*New Medical Edifice in Boston.*—Arrangements are in contemplation, says report, for the speedy erection of a new and more commodious edifice for a medical college. The old Mason St. building is to be abandoned. Dr. George Parkman, of this city, has presented a site for the new fabric, near the Massachusetts General Hospital, sixty feet by one hundred. This is generous indeed, and should not be forgotten by those who control the destiny of the institution.

---

*Mortality in Rochester, N. Y., for 1845.*—A writer in the Daily Democrat, of Rochester, states the number of deaths during the last year in that city to have been 502. The number under 5 years of age was 245, or rather less than one half. The population of the city being 25,207, the rate of mortality is shown to be 1 in 50.21, or a little less than 2 per cent. The number of deaths from consumption is reported by the city sexton as 77; from scarlet fever, only 9.

---

*Transylvania Medical School.*—The Chair of Theory and Practice in Transylvania University has been made vacant by the resignation of Prof. Watson. This event was the result of impaired health produced by the duties incident to the Chair, and a desire to engage in more active life. Prof. Watson retires with the good wishes of his late colleagues, and of the medical class. Resolutions were passed by the class, expressive of their regard for Prof. W. in his social and professorial relations.

The Chair of Obstetrics, made vacant by the death of Professor Richardson, has been filled by the appointment of Prof. Samuel Annan, of Baltimore. Professor Annan's reputation as a teacher and medical scholar is too well known to the profession at large to require any special notice. Dr. A. was instrumental in establishing the Washington University of Baltimore, in which institution he has been an able and successful teacher for twelve or thirteen years. And in addition to his regular lectures in the University, he has delivered clinical lectures in the Baltimore Alms House. Prof. Annan is also a writer extensively and favorably known to those who have carefully read the different medical periodicals—especially the American Journal of Medical Sciences.

The Chair of Theory and Practice, vacated by the resignation of Prof. Watson, has been filled by the appointment of Professor Elisha Bartlett. Prof. Bartlett is so favorably known as a successful teacher, that the announcement of his name is sufficient to secure the entire approbation of the friends of the school. Prof. Bartlett at a former period occupied the same chair for three successive sessions; and no teacher in America ever gave more general satisfaction.—*Western Lancet.*

---

*Medical Miscellany.*—Mr. Harris, of the Kentucky Senate, stated in his place, that in the counties of Breathet, Perry and Letcher, there was not

a single physician. A crowd will probably rush into the vacuum now.—Intimation is given of the probable establishment of a hydropathic institution in Lynn, Mass.—A man died at Rochester, N. Y., whose heart weighed thirty-two ounces, three times the usual size of the healthy organ.—Dr. Braddee, the notorious mail robber, convicted at Pittsburgh, and sent to the penitentiary for ten years, died on Friday night, after five years confinement. He made a full confession, implicating several others not suspected.—At the Court of Common Pleas in Portsmouth, N. H., a man named Sleeper obtained a verdict of \$250 damages for unskilful treatment in setting his collar bone, which had been broken. The bones united, but not in the proper place.

ERRATUM.—On page 363, last volume, line 11, the reader is requested to alter, with a pen, the word "terminous," so that it may read verminous.

TO CORRESPONDENTS.—Dr. North's paper came too late for insertion in to-day's Journal.

MARRIED.—In Boston, Samuel Hamblin, M.D., to Miss S. A. Curtin.

DIED.—In Boston, Dr. Martin L. Peters, formerly of Sandwich, N. H.—In Ashby, Mass., George Clark, M.D., 26, of pulmonary consumption.—In Shelburne, Mass., Dr. Rufus Forbush, 26, of consumption.—At Cheshire, Conn., Dr. Thomas T. Cornwall, aged 79. Dr. C. had long been favorably known to the medical profession. He practised professionally 57 years—3 years in the town of Trumbull, and 54 years consecutively in Cheshire.—At Lawrenceville, Ill., Dr. E. B. Danforth, late of Vermont, 36.—In Glasgow, Scotland, Dr. Alexander J. Hanney; William Ferguson, M.D., of the same city, Inspector General of Military Hospitals, in his 73d year.

Report of Deaths in Boston—for the week ending March 7th, 53.—Males, 24, females, 29. Stillborn, 8. Of consumption, 10—smallpox, 9—rheumatism, 1—bilious fever, 1—dropsy on the brain, 2—infantile, 2—scarlet fever, 4—disease of the spine, 1—old age, 4—cholera infantum, 1—lung fever, 5—brain fever, 1—inflammation of the bowels, 2—delirium tremens, 1—croup, 1—disease of the heart, 1—pleurisy, 1—cancer, 1—bronchitis, 1—inflammation of the lungs, 1—throat distemper, 1—erysipelas, 1—unknown, 1.

Under 5 years, 17—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 4—over 60 years, 7.

# REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 463 ft.

Feb.	Therm.	Barometer.	Wind.	Feb.	Therm.	Barometer.	Wind.
1	from 7 to 13	from 29.68 to 29.75	N E	15	from 11 to 18	from 29.60 to 29.93	N E
2	17 32	29.71 29.73	S E	16	16 34	29.20 29.32	S
3	31 33	29.46 29.53	S W	17	14 36	29.34 29.40	W
4	28 38	29.38 29.45	N W	18	19 26	29.50 29.58	N W
5	28 36	29.14 29.21	N W	19	4 28	29.60 29.60	N E
6	27 38	29.40 29.45	S	20	17 29	29.68 29.94	N E
7	24 38	29.59 29.30	N E	21	23 22	29.80 29.92	S W
8	18 32	29.78 29.05	N W	22	22 37	29.09 29.09	S E
9	6 26	29.26 29.30	W	23	16 30	29.19 29.25	N W
10	1 21	29.45 29.49	N W	24	14 30	29.36 29.41	N W
11	11 14	29.23 29.35	N E	25	14 26	29.53 29.58	N W
12	8 21	29.27 29.39	N W	26	5 8	29.50 29.57	N W
13	6 24	29.31 29.36	W	27	-6 11	29.65 29.72	N W
14	10 29	29.45 29.50	N W	28	6 17	29.46 29.53	N W

This month has afforded a fair specimen of winter. The weather has been steadily cold. The thermometer has twice been 6 below zero; one day it arose to 8 only—one to 11, and one to 12. The snow is now unusually deep for the season. Range of the Thermometer, from 6° below to 38° above zero. Barometer, from 29.68 to 29.75. Rain, 2.50 inches—Snow, 30 inches.

*External and Internal Use of Tar in Senile and other Chronic Eruptive Diseases.*—Mr. Wetherfield read a paper on this subject before the Westminster Medical Society. He claimed no credit for novelty, and illustrated the subject by cases of patients who had recovered under the treatment. The first case related was that of a gentleman, aged 90, suffering under prurigo senilis affecting both legs. The common tar ointment was applied every third or fourth day, the parts being afterwards covered with an elastic roller. Under this treatment he recovered in a few days. Two cases of eczema impetiginoides, the first of eight years', the second of one year's duration. In these cases, the internal exhibition of tar in the form of capsules, each containing ten minims, three times a day, was added to the external application, and in a month the disease was removed. Two children were shown to the Society, who had suffered, for five and six years respectively, with eczema capitis, extending, in the form of eczema, over all parts of the body and limbs. The treatment consisted of capsules of tar taken three times a-day, and tar ointment applied every day to all parts affected. Under this plan, continued for about two months, they perfectly recovered. Two cases of acne punctata, which had resisted all treatment, allopathic and homœopathic, for three years, and had disfigured the parties by the spotted and blotched face which this disease induces, yielded to the same treatment in between two and three months. From three to six capsules were taken daily. A little tar ointment was applied at bed time towards the end of the course, and washed off in the morning, and this only to the larger pustules. Mr. Wetherfield concluded his paper by stating, that his object in bringing this old remedy once more before the profession was to induce them to give it a trial, especially in the capsule, feeling persuaded that it would be found a valuable medicine, whenever it was requisite to excite the capillary system, either in the skin or kidneys.—*London Lancet.*

*Foreign Body in the Tongue for Thirty-two Years.*—A German soldier was wounded in the battle of Gross-Gorschen (2nd May, 1813) by a musket-ball, which penetrated the left cheek, carrying away the four last molars of the upper jaw, and, passing through the tongue, made its exit through the left cheek, carrying away several teeth of the left side of the under jaw. The wounds healed in six weeks, and, except the loss of the teeth, no other deformity remained but the cicatrix of the tongue, which did not impede his speaking or chewing. During the spring of the year, at which time the patient was subject to pulmonary and cerebral congestion, severe pains, with slight swelling of the tongue, came on, to which was added, in the year 1829, a small swelling of its right side, which suppurated and discharged thin matter, after which it gradually healed. On the 2nd of May, 1845, a similar swelling made its appearance in the same place, which opened without discharging any matter, and, after some days, what appeared to be a small piece of bone presented itself in the opening, which, on being removed, proved to be the second molar tooth, which had penetrated the tongue from the musket-shot 32 years previously, and had during the whole time caused no great inconvenience. The roots of the tooth were broken off by the neck, and the whole surface covered by calcareous deposit.—*Oester Medecin. Wochenschrift.*